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MEDICAL CARE MUST BE COMPLEMENTED BY PUBLIC HEALTH MEASURES

IN Congressional, sociological, medical, and public health circles there continues to be a lot of discussion of the medical aspects of the Wagner-Murray Bill which, according to its proponents would make good medical care freely available and according to its opponents would play havoc with medicine and medical care. Be that as it may, there seems some possibility that the medical features of this bill may be passed by the Congress for want of something better; and passage is rather likely if an increase in the rate of social security pay roll deductions is adopted as an anti-inflation measure.

Most thoughtful people agree that it would be unsound, as a public policy, to mix social security legislation and anti-inflation measures, even though this might at the moment seem expedient and popular. But suppose that in spite of this objection and regardless of the grave apprehensions many have about the medical aspects of the bill, it should be passed and really did provide a decent and extensive medical service. Even this would get the medical profession and the public no further forward than medical care of the individual if, as, when, and after he becomes sick; and this is not enough. Care of the sick is only a half measure, and in any planning for the health of the farmer in the field and the industrial worker in the factory, medical care must be buttressed with or complemented by a public health program sufficiently great in its scope and intensive enough to bring to the people of all communities the full benefits of preventive measures. It follows then that if the Wagner-Murray Bill or some other bill should be passed, or even if no bill at all is passed, there must in any event be a thumping increase in the amount which the public pays for the maintenance of its health.

To expect health agencies, operating on present miserable appropriations, to bring to the people the full benefits of modern science is to expect the impossible; and health administrators will be rendering no service to their cause or to the people for whose health they are responsible if they remain satisfied to act the rôle of remittance men. The time has come, or rather it came some years ago, when health officers need to say boldly that it costs real money to do decent public

health work, that the budget for a properly operating health program is not just an infinitesimal part of government expense. Probably one of the reasons why health department budgets are so small is that each health officer has emphasized to his appropriating body how little he asks in comparison with education, roads, parks, police, fire, etc. These more robust elements of government could employ the same argument if they were willing to conduct their activities on a nineteenth century scale. But they are not willing to do this, and they do get the funds. In the rough and tumble of affairs, humbleness is not normal nor is it either admirable or result-attaining.

It would seem well to state here that this emphasis on the urgent necessity of provisions for a substantial increase in appropriations for public health work does not arise from any tendency to deprecate the importance of the care of the sick; nor does it arise as part of an argument that prevention may entirely replace cure. Beyond a doubt, the world will always have its sick and probably some poor, in spite of all that science or society may do, and if one is realistic, this must be accepted. But with each succeeding generation there has been and there should continue to be an increase in the possibilities of prevention through public health measures, and from the standpoint of economy in time, money, and suffering, measures of this sort must be continually explored, expanded, and applied in association with service designed to care for the sick.

Now it has been suggested that there be included in the Wagner-Murray Bill (just in case it should pass) a provision that would insure reasonably adequate and specifically designated funds for state-aid in public health work, say some ten per cent of that amount which would be set aside for medical and hospital care. No one knows exactly how much the total Medical Care and Hospitalization Account would be, under this bill, but it is reasonably safe to say that ten per cent of it would loom large in comparison with present federal expenditures for public health purposes. Unfortunately it would not seem practicable to put this suggestion into effect, for funds raised under social security are contributed funds, ear-marked for the benefit of those who contributed them. Such funds could not be used for an over-all benefit to all the people of the nation unless all the people contributed, and the Wagner-Murray Bill does not propose that every person contribute. Such an impasse, however, does not offset the soundness of the proposition that medical care without adequate provision for public health programs would be but a half measure, and if this concept were to be accepted by Congress, its members could find ways and means.

In effect then this may be said: The Wagner-Murray Bill is alarming in its social implications. It has much that is sound in its medical provisions but at the same time contains many positive and negative deficiencies. We should be unhappy to see it pass in its present form, but if it is to be passed there should be made whatever adjustment is necessary in order to set aside from its derived funds a proportion sufficient to insure effective public health programs; and the proportion necessary to achieve this would be no mere pittance.

THE PUBLIC'S FOOT

ONE of the difficulties in getting people to take action in any given direction is that human beings are almost certain to miss the significance of a simple declarative sentence, or of a routine happening. To catch attention there must